

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16	)						66			
17		)					67			
18			)				68			
19				)			69			
20					)		70			
21						)	71			
22							72			
23							73			
24							74			
25							75			
26	)						76			
27		)					77			
28			)				78			
29				)			79			
30					)		80			
31						)	81			
32							82			
33							83			
34							84			
35	)						85			
36		)					86			
37			)				87			
38				)			88			
39					)		89			
40						)	90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	49						TOTAL IND.			
TOTAL DEP.	49	49					TOTAL DEP.			
TOTAL CLAIMS	49						TOTAL CLAIMS			